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ABSTRACT

A report on a World Health Organization Symposium on postbasic and graduate education for nurses in Europe is presented, along with summaries in French, German, and Russian. After providing background information on the symposium, attention is directed to: curriculum development; organization and management of the nursing department; faculty and student issues; and resources, facilities, and services. It is concluded that the appropriate location for the education of nurse teachers, managers, and researchers is the higher education or university sector. Based on a primary health care model, it is proposed that nurses need new knowledge, skills, and attitudes, and specifically the ability to identify and analyze problems, plan strategies, and undertake research. Teamwork, collaboration, and effective communication among health personnel are an important component of the model. Recommendations are offered concerning: evaluation of postbasic education, data and information systems, development of criteria and standards, transitional arrangement, continuing education, research, network development, and special programs. Appended are definitions of terms, and a list of symposium participants' names, affiliations, and countries. (SW)

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INTRODUCTION

The Symposium on Postbasic and Graduate Education for Nurses in Europe was convened by the WHO Regional Office for Europe in collaboration with the Government of Finland and the authorities of the City of Helsinki, and was held from 4 to 8 June 1984. The purposes of the Symposium were to:

- review the state of the art of postbasic programmes of education in nursing and examine their relative development towards primary health care;
- examine the principles of organization and management of postbasic schools of nursing in the light of the regional strategy for attaining health for all;
- examine the trends in education in Europe over the next 20 years (including student-related issues) and the implications of these changes for the development of postbasic programmes in nursing; and
- stimulate national authorities to respond to the educational needs of their nursing personnel so that they in their turn can respond effectively to the requirements of health for all by the year 2000.

The Symposium was attended by 37 participants from 21 countries. Most of the participants were nurses (including four students), but the disciplines of medicine, sociology and general education were also represented. The European Nursing Group, the European Nursing Students Group, the International Committee of Catholic Nurses, the International Confederation of Midwives, the International Council of Nurses and the Northern Nurses Federation sent representatives. Four officers of the World Health Organization also attended, three from the Regional Office for Europe and one from headquarters.

The Symposium was opened by Dr Leo A. Kaprio, WHO Regional Director for Europe. In his opening address, Dr Kaprio stressed that

strategies for nurse education were one of WHO's priorities in the 1980s. The Minister of Social Affairs and Health, Eeva Kuuskoski-Vikatmaa, and the Chancellor of the University of Helsinki, Nils Oker-Blom, also addressed the Symposium at the opening ceremony.

BACKGROUND

A number of themes must be considered if a coherent strategy for the education of nurses is to be achieved throughout Europe. Nurses need to develop the ability to relate to the recipients of health care and to provide the kind of support, information, teaching and physical care that the community requires. Nurses also need to have confidence in their own skills and knowledge and to be more aware of their position as equal partners in a multidisciplinary team of health workers. This may require a change in attitudes and attributes and in particular the development of communication and teaching skills.

The state of postbasic education

A recent WHO survey[a] on the current state of postbasic nursing education in Europe suffered from the limitations of the data collected and the great variations among the countries studied. It carried several clear messages nevertheless. On the positive side, university programmes for the education of nurse leaders have been developing gradually. The focus, however, is mainly on educational and managerial skills, with some emphasis on research, and only rarely on advanced skills and knowledge of nursing. Many traditional programmes are still geared to a hospital model of the health services. Thus the curricula tend to be illness-oriented and have not yet fully adopted primary health care concepts and principles.

Teachers in postbasic education are urgently needed with the appropriate knowledge and skills to develop courses at the university or higher education level. The average postbasic nursing student has had 10 years' general education, 3 years' nursing education and 4 years' professional experience. Although there are great variations among countries, postbasic students tend to lack basic nursing knowledge and skills. This means that much time has to be spent in postbasic courses compensating for deficiencies in the initial nurse training.

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[a] **Maillart, V. & Maglacas, A.M.** *Report on a survey of postbasic training programmes for nurse teachers (educators) and administrators (managers).* WHO document HMD/NUR/83.1.

The mode of learning tends to be traditional, with little emphasis on learning objectives in either the theoretical or the practical parts of the course. There is little evidence of evaluation in terms of the goals and purposes of the course, the educational processes or the outcomes of the course.

Iceland

Plans to move nursing education out of the traditional hospital-based schools and into the university sector in Iceland have gone through several stages of development. It was vital that the nursing and medical professions, through their associations, shared a common belief that the proposed move would result in better nursing services. Equally important was the support and collaboration of both the health and the education ministries who prepared the groundwork and the legislation necessary for the establishment of a department of nursing within the university. Collaboration with WHO provided consultancy services and some financial assistance which helped curriculum development, teaching input and evaluation of the course.

A striking feature was the time scale required (in this case, 15 years of planning and development) and the need for a variety of strategic and influential bodies to collaborate in working towards a common goal.

The primary health care model

There is a gradual reorientation of health systems in the countries of the European Region towards a model based on primary health care. This has necessitated changes in medical education, especially that of general practitioners who must now study new areas such as epidemiology, public health, public administration and behavioural sciences. The evolution of education in the health sciences is in part related to changes in educational methods. Student-based learning objectives, modern teaching methods and technology, plus a valid and reliable evaluation of student performance both in theory and in practice are essential. As the health needs of society change, so must the education of its health personnel. Nurses, as an essential element of the health team, must be able to make their full contribution to the work. As this means collaboration and effective communication between professional groups, shared learning and multidisciplinary education are needed at the university level.

Changing health needs

The health needs of European countries are changing and the traditional approaches to the education, training and deployment of health manpower

cannot meet the new demand for health services. Plans must be made now to invest wisely and cost-effectively to produce nurses who are able to respond to these health needs. For the health services of the future, nurses will require, in addition to the generally accepted nursing skills, the attitudes, knowledge and competencies to enable them to:

— stimulate healthy lifestyles and promote self-care

— educate the community/family/individual about health

— analyse and resolve community/family/individual health problems

— work within health teams composed of different professional groups

— collaborate with and coordinate different groups, so that common health goals can be achieved.

The way forward

The development of a rational structure for nursing education must focus on the following five topics:

— curriculum development

— the organization and management of the nursing department

— faculty issues

— student issues

— resources, facilities and services

CURRICULUM DEVELOPMENT

Several important areas must be considered before appropriate curriculum development plans can be made. The starting point for curriculum development is to identify the health needs of the country. Demographic and epidemiological trends and environmental data will help predict the type of health facility and health personnel that will be required over the next 5, 10 or 20 years. Public expectations of health services and health personnel must be considered and distinctions drawn between demands, wants and needs so that the most effective use of resources is ensured and the benefit of investment in health services is maximized.

Current legislation, economic forces, and health policies and priorities must be considered, as must the nature and pace of development of health

care facilities, so that the curriculum will prepare nurses to work in the manner and setting required by any particular country.

The values and beliefs of the community to be served must be examined. So must the mores of both the educational institutes and the clinical facilities where nursing courses may take place. Consideration must be given to the general level of commitment and support, within the nursing and medical professions, for the idea of changes in nurse education so that strategies likely to achieve the desired goals can be developed.

The precise purpose of every nursing course should be explicit. The knowledge, skills and attitudes to be achieved by the end of the course should be enunciated clearly. The relationship of each course to the development of nurses' ability to meet a specific range of health needs should be demonstrated.

Particular consideration must be given to the way in which theory will be integrated with and applied to practice, so that learning objectives can be achieved.

Every course should have an appropriate practical component in which students should have clear objectives. Each period of practice must be supervised and assessed according to explicit criteria related to the overall goals of the course.

All courses should be firmly based on sound educational principles and should be able to demonstrate a particular model of nursing and of health needs.

Curricula cannot be developed in isolation by ministries or health departments. They must involve nurse teachers and teachers from other disciplines, consumers (i.e. both the users of nursing services and students participating in courses), government agencies responsible for public spending, providers of nursing services as the employers of nurses and the professional associations of nursing and related disciplines.

Nurse teachers must have advanced knowledge of the sciences on which nursing is based and must, in addition, have knowledge of educational theory and skills in both teaching methods and nursing practice.

The core subjects within the curriculum must emphasize nursing theory and practice. The desire to benefit from shared learning and multidisciplinary teaching should not overshadow the need for postbasic education to focus specifically on nursing goals and the future practice of nurses.

The content and methods of every course and the effectiveness of its outcomes should be evaluated according to specific criteria. The criteria for curriculum evaluation outlined in a recent WHO paper[a] were thought to be appropriate.

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[a] **Farrell, M. & Stussi, E.** *The evaluation of nursing management educational programmes.* WHO document EURO/NUR/83.2.

The education of nurse teachers, managers and researchers can be most effectively accomplished within the university or higher education sector, as this is where interdisciplinary studies and education and research resources are to be found.

ORGANIZATION AND MANAGEMENT OF THE NURSING DEPARTMENT

The appropriate location for the education of nurse teachers, managers and researchers is the university or higher education sector. There are several reasons for this.

Health services based on a model of primary health care demand new knowledge, skills and attitudes from nurses. They require the ability to identify and analyse problems, to plan strategies, and to undertake research.

Primary health care assumes that the public will become more knowledgeable about health issues such as lifestyles, environmental influences, risk factors and so on. The consumer will make new and increasing demands on health professionals for information based on epidemiology, morbidity statistics and the analysis of trends. The health education needs of the public will change, and therefore nurses' education must prepare them to continue to meet new demands.

Teamwork, collaboration and effective communication among health personnel is an essential element in a model of primary health care. The interaction among professional disciplines in a university or institute of higher education will provide the experiences that will later affect the nurses' ability to work with others.

The development of scientific methods, research and interprofessional teaching and learning can be most readily facilitated in the university and higher education sector. The development of the art and science of nursing as an essential part of the education of nurses will contribute to more effective health care.

Universities and higher education institutes enable three essential areas of knowledge to coexist: namely education, practice, and research. All these bodies of knowledge are essential if nurse teachers are to develop the educational programmes needed to produce nurses who can operate effectively within a primary health care model of health services. Opportunities to practise nursing in actual situations through planned clinical experience are expected.

University or higher education is an essential part of a coherent pattern of education for nurses. This education starts with broadly-based

foundation courses in nursing. A structure of postbasic, degree and higher degree courses can be built on this foundation. Every course in nurse education should lead to a specific level of knowledge and competence and it should be possible to demonstrate that it produces practitioners who can contribute to and meet the identified health needs of a particular community.

University or higher education for nurses is not an end in itself. It is a means of achieving important goals within the strategy of health for all by the year 2000.

The director

The director of a nursing department, within the university or higher education sector, should hold initial and postbasic nursing qualifications and should have a higher degree and experience in both teaching and the administration of education.

The director should have the same range of responsibilities as other directors within the parent institution and should be financially accountable for the programmes under his or her control. The director should be responsible for entry criteria, for controlling the numbers entering each course and for hiring and firing the staff of the department. There are several areas in which the director should be able to function, but no attempt was made to draw up a definitive list as a basis for role specification. For illustrative purposes, the following attributes could be considered important:

- the ability to develop a dialogue with education and health policy-makers, the nursing profession and other disciplines;
- the ability to develop systems for staff development, peer review, quality control, staff research and course evaluation;
- the ability to collaborate with managers of health care establishments so that the legal responsibilities, rights and obligations of teaching and clinical staff, with regard to students in supervised practice, are clearly expressed; and
- the ability to participate in curriculum development, research and the evaluation of programmes.

The teachers

The teachers should be nurses who are graduates and who can demonstrate specialized knowledge and skills in the theory and practice of nursing as well as in education.

When teachers from other professional backgrounds make a contribution to the course, it should be within a clear framework of learning objectives that specify nursing goals. Nurse teachers should retain their clinical skills and continue to participate in the professional practice of nursing. They should also participate in research, publish results and engage in activities that will bring research findings to the attention of practising nurses and members of related health disciplines.

The nursing department should demonstrate the effectiveness of its programmes and actively evaluate every aspect of the teaching it provides. The department should be clearly identified as an autonomous body, operating within the parent institution, with the full range of rights and responsibilities that apply to other departments in that institution. The teachers, individually and collectively, should accept the responsibility of communicating with the public. They should, for instance, be able to demonstrate the effectiveness of their programmes by producing nurses with the knowledge, skills and attitudes required by the community. The criteria outlined in a recent WHO paper[a] for the evaluation of the organization and management of nursing departments were felt to be appropriate.

FACULTY ISSUES

For the purpose of discussion, the term "faculty" was used to describe a department of nursing and its academic staff, offering postbasic education courses and nursing degrees, that is identifiable as a discrete entity within the parent institution. It should have the same range and level of responsibility, control and accountability as other departments within the institution.

Teaching staff should be qualified nurses with experience, knowledge and expertise in nursing. They should also be graduates and qualified teachers, to ensure that they have educational knowledge and expertise. There should be enough of them to meet the purposes and objectives of the programmes.

Their terms and conditions of service, their workload, rights, duties and responsibilities should be the same as those of members of other faculties within the parent institution. They should be involved in the full range of the institution's work by participation in its academic councils, committees and other relevant structures.

Appropriate means of keeping up to date, carrying out further study or research, and ensuring professional growth should be available to all teaching staff.

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[a] WHO document EURO/NUR/83.2.

Their responsibilities towards students, the nursing profession, members of other professions or disciplines and the public are important and should be explicit.

The research activities of staff should include evaluation of the course and of student performance during and after the course, as well as follow-up studies to assess the effectiveness of the course in meeting its curriculum objectives. They should also study the needs of the health services for nurses with particular skills, knowledge and attitudes. The outcome of this research should be published and made widely available for general information and for use in the teaching of other nurses and health personnel.

Teaching staff should participate in curriculum development, in the evaluation, selection, monitoring and guidance of students, and in the development of departmental policies and procedures. They should also participate in and be responsible for the supervised practice of students.

STUDENT ISSUES

The qualifications necessary for admission to postbasic courses should be established by the department of nursing. Candidates for nursing should meet the qualifications for university admission in the same way as any other university candidate and their educational level should be equivalent. Candidates must have successfully completed an initial course in nursing and be recognized as registered nurses in their own country. It may be necessary for candidates to have completed specified periods or particular types of professional practice before admission to the course. The criteria set must take into account the entry to practice, laws or regulations, and employer/consumer expectations.

In some countries, students may be allowed to demonstrate their academic ability by means other than normal matriculation. Examples of ways in which some nurses might demonstrate academic ability include: research, publications, evidence of personal study and achievement, or success in a special entrance examination acceptable to the parent institution, the department of nursing, and/or boards of registration in nursing.

Students should study a specific body of nursing knowledge and related sciences, and should have appropriate supervised practical experience, in which to apply the knowledge learned.

Students should be aware of the responsibilities of teaching and clinical staff towards them and of their own duties as course participants. They should be able to participate in course planning, curriculum development and course evaluation.

Students' rights, duties and responsibilities, including their social and legal status, should be clearly expressed. In particular, the protection of both the public and students during supervised practice should be explicit.

RESOURCES, FACILITIES AND SERVICES

The full range of resources, facilities and services of the parent institution should be available to and used by the nursing department, so that up-to-date teaching methods and learning styles are available to all postbasic courses for nurses.

The physical facilities, such as offices, classrooms, laboratories and conference rooms, should be adequate for the programmes that are offered. Space and equipment for research are also essential. Comprehensive and up-to-date library facilities, teaching materials other than books, and a wide range of the equipment of educational technology are required. Administrative equipment and services, and secretarial and clerical staff should be sufficient to support the educational programmes offered by the department.

Clinical resources that are adequate and appropriate for the supervised practice of the students should be identified, and appropriate agreements drawn up between the department of nursing and the health care establishment so that the objectives of the curriculum can be achieved.

There should be a periodic review of resources, facilities, services and maintenance. This review should involve the administration, the faculty and the students.

CONCLUSIONS

The appropriate location for the education of nurse teachers, managers and researchers is the higher education or university sector. Further, such programmes are based on a rational, systematic plan for development, implementation and evaluation. In turn, this planning is part of the rational structure of nurse education, which starts with an adequate base of knowledge and practice that leads to an initial qualification in nursing. Postbasic courses should build on this foundation to produce nurses with advanced or specialized knowledge and skills. In addition, special postbasic courses are required to prepare nurses for work that has wider

dimensions than clinical practice, such as the development of curricula in nurse education, the administration of nursing services, and research.

Continuing education is essential for all nurses, but each country in Europe is at a different stage of development in nurse education. Strategies to achieve a logical structure of basic, postbasic, degree and advanced courses for nurses must be developed within each country's own context. Further, it will be necessary to have options in initial and continuing education if full use is to be made of nursing talent.

Top priority should be given throughout Europe to the education and preparation of nurse teachers, managers and researchers as without these key personnel the other necessary parts of the education system cannot be developed.

RECOMMENDATIONS

Evaluation of postbasic education

If countries are to evaluate effectively the outcome of postbasic and higher education in terms of its relevance to the health needs of the community, then a study of the performance of nurses in practice, in teaching, in management and in research is essential. It is of paramount importance that mechanisms be established for monitoring and following up former students. This should be clearly identified as a responsibility of the school of nursing.

Data and information systems

Data on the number and distribution of nurses are not readily available. Information about education resources and the number and type of postbasic courses available in each country is patchy. Even where there are mechanisms for collecting such data, they are less efficient than they might be in providing information and feedback to decision-makers.

Information systems for the collection of data on nurse manpower and education should be established both locally and regionally.

Development of criteria and standards

The criteria for the evaluation of educational institutions outlined in a recent WHO paper[a] were accepted by the participants. In collaboration

[a] WHO document EURO/NUR/83.2.

with WHO, countries should assess whether these criteria could be accepted throughout Europe.

Transitional arrangement

The countries of Europe are at different stages in the development of postbasic education for nurses. Immediate action is needed to develop a cadre of nurse teachers, managers and researchers who will be able to carry forward developments in nurse education and practice.

To give effect to this recommendation it will be necessary to:

(*a*) convene national groups of nursing leaders from the health system and key personnel from nursing associations and educational institutes who can act as catalysts and who can plan, initiate, motivate and support research and developments in postbasic education;

(*b*) take immediate action to increase the number of qualified nurse teachers who are able to participate in postbasic education;

(*c*) establish a system of continuing education for nurses now engaged in teaching and management to enable them to keep their knowledge and skills in nursing and education up to date; and

(*d*) provide special courses for academically able qualified nurses to enable them to meet the entrance criteria for postbasic education courses in the higher education or university sector.

Continuing education

To provide courses that will prepare nurses who can apply the knowledge and skills required for health care, countries should develop and support programmes of continuing education for all nurses. In particular, in the first instance, there should be special courses for present nurse teachers, managers and researchers to help them develop the new areas of knowledge and skill that will be required of them.

Research

Only a few countries in the Region have adequate nursing research facilities and capabilities to allow nurses to conduct and participate in research activities. The network of WHO collaborating centres in nursing should be strengthened, so as to enable countries who lack nurse researchers and research facilities to develop research skills and initiate research projects.

In all the European countries, mechanisms should be established to fund both the training of nurse researchers and nursing research projects.

In collaboration with WHO, countries should develop an index of completed nursing research so that abstracts of such studies may be made available throughout Europe.

Network development

In a period of rapid social change, curricula need regular revision and re-evaluation. Information networks within and between countries are vital to facilitate the exchange of information about curriculum development, research results, educational innovations and the success or failure of particular approaches to the solution of common problems.

In collaboration with WHO, countries should continue to develop such networks so that research findings and developments in postbasic education can be made available in the language of each country to assist in the process of change.

Special programmes

To promote effective nursing education, new areas of study need to be included in postbasic education. While it is understood that decisions concerning curriculum content and approaches rest with the faculty and the students, serious consideration of the following subjects is recommended: epidemiology, health statistics, economics of health care, and health and social policy development. For the present, such subjects may have to be offered to the present generation of teachers and managers as special courses.

Annex 1

DEFINITION OF TERMS

Nursing education is a complex subject and every country has its own definitions and systems. The following explanation of what is meant in this report by some of the most common terms should help avoid any misunderstandings.

An *initial professional or nursing qualification* is awarded to a person who successfully completes a course of studies and supervised practice with defined educational objectives, designed to produce a nurse with the necessary knowledge, skills and attitudes required to give nursing care to specific client groups within the health service of a country. Such *qualified nurses* are entitled to apply to have their name included on the lists or register kept by the competent national authority and be known as *registered nurses.*

A *postbasic education* consists of a course of studies and supervised practice with defined educational objectives, designed to provide qualified nurses with advanced or specialized clinical knowledge and skills that will enable them to provide nursing services and participate in nursing research, teaching and management. These postbasic courses should ideally take place in a university or institute of higher education, continue from year to year, be recognized by an appropriate authority, have specific admission requirements, and have a full-time staff of nurse teachers and support personnel. Successful completion of such courses should result in the award of a *degree in nursing.* A degree from a university or institute of higher education may also however be awarded as an initial professional qualification. In either case, a degree is a prerequisite qualification for advanced university study.

Advanced university study can be carried out at a university or institute of higher education, and may consist of a period of specific advanced study or the completion of a registered research thesis. Successful completion of either results in the award of a *higher degree,* which may be at the master's or doctoral level. Higher degrees may be awarded only to qualified nurses.

Postbasic courses in a university or institute of higher education are, or should be, the responsibility of the nursing *faculty,* which consists of a department of nursing and its academic staff. The *parent institution* to which the faculty belongs, as an integral and autonomous part, may be one or more senior colleges or universities (a consortium).

Finally, an important element in nursing education is *continuing education.* This consists of systematic learning experiences designed to build

on previous knowledge and skills. It requires both the provision of an organized, planned programme and an independent effort on the part of the learner. It should provide nurses and midwives with the opportunity to learn new knowledge and skills, to review and increase the knowledge they have already gained, to investigate new approaches and to strengthen their clinical competence.

Annex 2

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RESUME

Les objectifs du symposium étaient les suivants :

- faire le point de la situation actuelle en ce qui concerne les programmes d'enseignement infirmier supérieur et leur orientation relative vers les soins de santé primaires;
- examiner les principes d'organisation et de gestion des établissements d'enseignement infirmier supérieur à la lumière de la stratégie de la Santé pour tous dans la Région européenne de l'OMS;
- examiner les tendances de l'enseignement en Europe au cours des vingt prochaines années (y compris les questions étudiantes) ainsi que les conséquences de cette évolution pour l'élaboration des programmes d'enseignement infirmier supérieur;
- encourager les administrations nationales à répondre aux besoins de formation de leur personnel infirmier, de façon à pouvoir répondre efficacement aux besoins de la Santé pour tous d'ici l'an 2000.

Ont participé au symposium vingt représentants de dix-huit pays et dix-sept conseillers temporaires de six pays. Quatre autres pays ont envoyé des observateurs. La plupart des participants étaient des infirmières, mais les disciplines de la médecine, de la sociologie et de l'enseignement général étaient également représentées. Il y avait aussi un représentant des consommateurs et quatre représentants des étudiants. Etaient aussi représentés le Conseil international des infirmières (CII), la Confédération internationale des sages-femmes (ICM), l'Association des infirmières des pays du nord (NNF), le Groupement du nursing européen (GNE), le Comité international catholique des infirmières et assistantes médico-sociales (CICIAMS) et le Groupe européen des étudiants en nursing (ENSG).

Point de départ et résumé des discussions

La Déclaration d'Alma-Ata de 1978, qui a été acceptée par les gouvernements des pays d'Europe, a d'importantes répercussions sur la formation et l'utilisation du personnel infirmier.

L'orientation nécessaire pour atteindre la Santé pour tous d'ici l'an 2000 devra tenir compte du contexte caractérisé par le vieillissement des populations, l'instabilité sociale, le chômage, la retraite anticipée et la mobilité de la population.

Il est impératif, compte tenu des facteurs économiques et sociaux, que la formation et l'utilisation du personnel infirmier permettent de satisfaire efficacement les besoins sanitaires des collectivités particulières. Il est urgent d'organiser de façon rationnelle les soins infirmiers dans le cadre de l'enseignement supérieur et spécialisé pour que les infirmières qui occupent, ou sont sur le point d'occuper des postes clés dans les services de santé, puissent acquérir les connaissances et les compétences qu'exigent de tels postes. Il faut, pour commencer, avoir des connaissances théoriques et pratiques suffisantes pour acquérir une première qualification. A partir de là, un enseignement devrait donner aux infirmières des connaissances et des compétences avancées ou spécialisées. Parallèlement, un enseignement spécial devrait préparer les infirmières à un travail plus varié que la seule pratique clinique. Il pourrait s'agir de l'élaboration de programmes d'enseignement infirmier, de gestion de services infirmiers ou de développement de la recherche. Il faudrait mettre l'accent sur le développement de l'aptitude à la communication et à la négociation que suppose le travail d'équipe pluridisciplinaire dans le domaine de la santé.

Les critères et les normes applicables à l'enseignement supérieur devraient être explicites, et l'élaboration et le contrôle des cours devraient être confiés à des infirmières qualifiées. La structure des programmes, la désignation des enseignants et les promotions, les procédures d'admission des élèves et les installations, ressources et services nécessaires devraient être comparables à ceux des autres cours de l'établissement de tutelle.

Conclusions

En matière de soins infirmiers, ce sont l'enseignement supérieur et la formation spécialisée qui sont les mieux à même d'assurer la formation de personnel d'enseignement, de gestion et de recherche.

La formation permanente est essentielle pour toutes les infirmières, même si l'enseignement infirmier est à un stade de développement différent dans chaque pays d'Europe. Les stratégies propres à la mise en place d'une structure logique pour l'enseignement infirmier de base, supérieur, avancé et universitaire devront être élaborées dans le contexte propre à chaque pays.

Le degré de priorité le plus élevé devrait être donné dans toute l'Europe à la formation de personnel d'enseignement, de gestion et de recherche, faute de quoi on ne peut espérer développer les autres secteurs nécessaires du système d'enseignement.

Recommandations

Evaluation de l'enseignement supérieur

Si l'on veut que les pays évaluent efficacement la mesure dans laquelle l'enseignement supérieur et universitaire permet de satisfaire les besoins de la collectivité, il est indispensable de suivre les résultats obtenus par les infirmières dans la pratique, l'enseignement, la gestion et la recherche. Il est de la plus haute importance à cette fin de mettre en place un mécanisme approprié et de garder le contact avec les anciens élèves. Il faudrait indiquer clairement que ces activités incombent aux établissements d'enseignement infirmier.

Systèmes de données et d'informations

Les données sur le personnel infirmier, leur nombre et leur répartition ne sont pas facilement disponibles. Les informations sur les ressources éducatives, ainsi que sur le nombre, la nature et le type de cours supérieur sont disparates selon les pays. Même lorsque des mécanismes pour la collecte de ces données existent, ils sont moins efficaces qu'ils pourraient l'être pour la communication de renseignements aux responsables des décisions à des fins de planification.

Des systèmes d'information pour la collecte des données sur les effectifs et l'enseignement infirmiers devraient être créés aux niveaux local et régional.

Elaboration de critères et de normes pour l'enseignement infirmier supérieur

Les critères d'évaluation des établissements d'enseignement, exposés brièvement dans un document[a] présenté à la conférence annuelle de l'Association européenne des programmes dans les études pour les services de santé, qui s'est tenue à Göteborg en 1983, ont été acceptés par les participants au symposium. Les pays devraient, en collaboration avec l'OMS, dire si ces critères pourraient être acceptés dans toute l'Europe.

Dispositions transitoires

Les pays d'Europe se trouvent à des stades différents en ce qui concerne le développement de l'enseignement infirmier supérieur. Des mesures immédiates sont nécessaires pour créer un cadre d'infirmières chargées de

[a] **Farrell, M. et Stussi, E.** *The evaluation of nursing management educational programmes.* Copenhague, Bureau régional de l'OMS pour l'Europe, 1983 (document non publié EURO/NURS/83.2).

l'enseignement, de la gestion et de la recherche et qui seront à même de mettre en oeuvre les progrès de l'enseignement et de la pratique des soins infirmiers.

Pour que cette recommandation entre en vigueur, il faudra :

— réunir, au niveau national, un groupe de responsables infirmiers venant du système de santé et de responsables d'associations d'infirmières et d'établissements d'enseignement qui pourront jouer le rôle de catalyseurs, et pourront planifier, lancer, motiver et soutenir la recherche et le développement dans l'enseignement supérieur;

— prendre des mesures immédiates pour accroître le nombre des infirmières enseignantes qualifiées capables de participer à l'enseignement supérieur;

— mettre en place un système de formation permanente à l'intention des infirmières chargées d'enseignement et de gestion, pour qu'elles puissent actualiser leurs connaissances et leurs qualifications, sur les plans professionnel et pédagogique;

— organiser des cours spéciaux à l'intention des infirmières qualifiées, titulaires d'un diplôme universitaire, pour leur permettre de satisfaire aux critères d'admission aux cours de formation supérieure dans les établissements d'enseignement infirmier à l'université.

Formation permanente

Afin d'assurer des cours préparant les infirmières à appliquer effectivement les connaissances et les compétences requises pour les soins de santé, il est recommandé que les pays élaborent et appuient des programmes de formation permanente pour toutes les infirmières, à commencer par des cours spéciaux pour le personnel infirmier actuel d'enseignement, de gestion et de recherche, pour l'aider à définir les nouveaux domaines de connaissance et de compétence qu'il devra maîtriser.

Recherche

Seuls quelques pays de la Région ont des installations et des moyens de recherche pour les soins infirmiers qui permettraient aux infirmières de conduire des activités de recherche et de participer à de telles activités. Dans les pays qui manquent d'infirmières et de moyens pour la recherche, il faudrait renforcer le réseau de centres collaborateurs de l'OMS et prendre des initiatives pour développer les aptitudes des infirmières à la recherche.

Dans tous les pays d'Europe, il faudrait créer des mécanismes pour assurer le financement à la fois de la formation des infirmières

chargées de recherche et des projets de recherche en matière de soins infirmiers.

En collaboration avec l'OMS, les pays devraient mettre au point un index des travaux de recherche qui ont été effectués dans le domaine des soins infirmiers, pour que les résumés de ces travaux puissent être mis à la disposition des intéressés dans toute l'Europe.

Développement de réseaux

A une époque où l'évolution rapide des sociétés demande la révision et la réévaluation régulières des programmes, il est nécessaire d'avoir des réseaux d'information dans les pays et entre les pays pour faciliter l'échange de renseignements sur l'élaboration des programmes d'enseignement, les résultats des recherches, les innovations dans l'enseignement, et le succès ou l'échec d'approches particulières visant à résoudre des problèmes communs.

En collaboration avec l'OMS, les pays devraient continuer d'élaborer de tels réseaux, de façon que les résultats de la recherche et les faits nouveaux survenant dans l'enseignement supérieur soient accessibles dans la langue de chaque pays, afin de faciliter le processus de changement.

Programmes spéciaux

Pour promouvoir un enseignement infirmier efficace, il faut inclure de nouvelles matières dans les programmes d'enseignement supérieur. S'il est vrai que les décisions concernant le contenu des programmes et les méthodes sont l'affaire de l'administration universitaire et des étudiants, il est néanmoins recommandé de prendre en considération les matières suivantes : épidémiologie, statistiques sanitaires et aspects économiques des soins de santé, élaboration de la politique sanitaire et sociale. Pour le moment, on pourrait peut-être proposer de tels sujets à la génération actuelle d'enseignants et de gestionnaires sous forme de cours spéciaux.

ZUSAMMENFASSUNG

Zweck des Symposiums war:

- die Überprüfung des derzeitigen Standes der Weiterbildungsprogramme in der Krankenpflege und die diesbezügliche Entwicklung im Hinblick auf die primäre Gesundheitsversorgung
- die Untersuchung der Organisationsform und Führungsstruktur weiterführender Krankenpflegelehranstalten aus der Sicht der europäischen WGO-Regionalstrategie für "Gesundheit 2000"
- die Untersuchung der Entwicklungstendenzen im europäischen Ausbildungswesen in den kommenden 20 Jahren (einschließlich Fragen, die mit den Auszubildenden zusammenhängen) und der Implikationen solcher Veränderungen in bezug auf die Ausarbeitung von Weiterbildungsprogrammen in der Krankenpflege
- die einzelstaatlichen Behörden anzuregen, dem Ausbildungsbedarf des Krankenpflegepersonals ihres Landes nachzukommen, um den sich aus der Strategie "Gesundheit 2000" ergebenden Anforderungen gerecht zu werden.

Auf dem Symposium waren anwesend: 20 Vertreter aus 18 Ländern, 17 Berater auf Zeit aus 6 Ländern und Beobachter aus 4 weiteren Ländern. Die meisten Teilnehmer waren Krankenschwestern, daneben nahmen aber auch Vertreter der Medizin, Soziologie und des Erziehungswesens teil. Ein Teilnehmer vertrat die Verbraucher und vier weitere befanden sich in der Krankenpflegeausbildung. Ebenfalls vertreten waren die Organisationen: ICN (Weltbund der Krankenschwestern und Krankenpfleger), ICM (International Confederation of Midwives), NNF (Nordischer Verband der Krankenschwestern und -pfleger), ENG (Europäische Krankenpflegegruppe), CICIAMS (Internationaler Verband katholischer Krankenschwestern) und ENSG (European Nursing Students' Group).

Bisherige Entwicklung und Zusammenfassung der Diskussionen

Die Erklärung der WGO auf der Konferenz von Alma-Ata (1978), die von den Regierungen der europäischen Länder gebilligt worden ist, wirkt sich

in bedeutendem Umfang auch auf die Ausbildung und den Einsatz der Krankenschwestern aus.

Um das Ziel "Gesundheit für alle bis zum Jahr 2000" zu verwirklichen, ist eine Neuorientierung erforderlich, die trotz Bevölkerungsüberalterung, gesellschaftlicher Instabilität, Arbeitslosigkeit, frühzeitigen Ruhestands und Bevölkerungsbewegungen einsetzen muß.

Aus ökonomischen und sozialen Gründen muß die Ausbildung und Verwendung des Krankenpflegepersonals so gestaltet sein, daß die Gesundheitsbedürfnisse der jeweiligen Bevölkerungskreise effizient und effektiv befriedigt werden. Es muß dringend eine rationelle Struktur für die akademische Weiterbildung der Krankenschwestern entwickelt werden, damit die jetzigen oder zukünftigen Krankenschwestern in leitenden Positionen Zugang zu dem Fachwissen und der Ausbildung haben, die solche Stellungen erfordern. Als Ausgangsposition gilt die Wissensgrundlage und praktische Ausbildung der Krankenschwestern. Darauf aufbauend sollten in nichtakademischen Lehrgängen Krankenschwestern mit fortgeschrittenem bzw. spezialisiertem Wissen und praktischem Können ausgebildet werden. Außerdem müssen besondere nichtakademische Weiterbildungskurse veranstaltet werden, um die Krankenschwestern auf Tätigkeiten vorzubereiten, die über die klinische Praxis hinausgehen. Beispiele hierfür sind: Zusammenstellung des Lehrplans in der Krankenpflegeausbildung, Verwaltungstätigkeiten im Krankenpflegedienst und die Ausarbeitung von Forschungsprojekten. Es sollte auch ein gewisses Gewicht auf die Aneignung von Kommunikations- und Verhandlungsfertigkeiten gelegt werden, da sie für die multidisziplinäre Teamarbeit im Gesundheitsbereich benötigt werden.

Die Kriterien und Standards für nichtakademische Weiterbildungskurse sollten eindeutig festliegen, die Verantwortung für die Ausarbeitung und Durchführung solcher Kurse muß in den Händen einer qualifizierten Krankenschwester liegen. Curriculum-Aufbau, Lehrkräfteauswahl, Karrieremöglichkeiten, Ausbildungszulassungsverfahren, Einrichtungen, Ressourcenund Dienstleistungen bei der Weiterbildung sollten den Bedingungen anderer Kurse an der eigenen Lehranstalt entsprechen.

Schlußfolgerungen

Die Ausbildung der Lehrschwestern sowie der Schwestern mit Manager- und Forschungsfunktionen sollte auf akademischem Niveau erfolgen.

Die Weiterbildung ist für alle Krankenschwestern wichtig, auch wenn der Entwicklungsstand der Krankenpflegeausbildung in Europa von Land zu Land verschieden ist. Strategien zur logischen Strukturierung der Grundausbildung, nichtakademischen und akademischen Ausbildung bis zu Kursen zur Erlangung eines akademischen Grads für

Krankenschwestern müssen unter Berücksichtigung des landesspezifischen Rahmens entwickelt werden.

In ganz Europa sollte der Ausbildung und Vorbereitung der Lehrkräfte, Manager und Forscher im Krankenpflegewesen höchste Priorität zuerkannt werden, weil ohne diese Spitzenkräfte die anderen unentbehrlichen Komponenten des Ausbildungssystems nicht entwickelt werden können.

Empfehlungen

Wenn die einzelnen Länder beabsichtigen, die Resultate der akademischen und nichtakademischen Ausbildung nach dem Kriterium zu beurteilen, ob sie die Gesundheitsbelange der Bevölkerung erfüllt, sollten unbedingt die Leistungen der Krankenschwestern in den Bereichen Praxis, Unterricht, Management und Forschung überwacht werden. Es ist von größter Bedeutung, daß Überwachungsmechanismen und eine Erfolgskontrolle der Ausgebildeten während ihrer späteren Tätigkeit eingeführt werden. Diese Aufgabe sollte eindeutig von der Krankenpflegelehranstalt wahrgenommen werden.

Daten-und Informationssysteme

Über das Krankenpflegepersonal, Personalstärken und -verteilung sind nicht ohne weiteres Angaben zu erhalten. Die Informationen über Ausbildungsmöglichkeiten sowie Zahl und Art der in jedem Land angebotenen Weiterbildungskurse sind lückenhaft. Auch wenn Mechanismen zur Erfassung der Angaben bestehen, erfüllen sie doch nicht die Anforderungen, die die Entscheidungsträger an eine Informierung und Rückmeldung zu Planungszwecken stellen können.

Auf örtlicher und regionaler Ebene sollten Informationssysteme zur Erfassung von Daten über das Krankenpflegepersonal und die Ausbildung eingerichtet werden.

Aufstellung von Kriterien und Standards für die nichtakademische Weiterbildung im Krankenpflegewesen

Die Symposiumsteilnehmer billigten die Kriterien für die Evaluierung von Ausbildungseinrichtungen; die Kriterien sind in einem Beitrag[a] enthalten, der auf der Jahreskonferenz der Europäischen Vereinigung für Programme über Gesundheitssystemstudien (EAPHSS) 1983 in Göteborg

[a] Farrell, M. & Stussi, E. *The evaluation of nursing management educational programmes.* Kopenhagen, WGO-Regionalbüro für Europa, 1983 (unveröffentlichtes Dokument EURO/NURS/83.2).

vorgelegt wurde. Die Mitgliedsländer sollten in Zusammenarbeit mit der WGO entscheiden, ob diese Kriterien für ganz Europa übernommen werden können.

Übergangsordnung

Die nichtakademische Krankenpflegeweiterbildung weist in den verschiedenen europäischen Ländern nicht den gleichen Entwicklungsstand auf. Es sollten sofort Sauf. Es sollten sofort Schritte zur Aufstellung von Kadern unternommen werden, die Krankenschwestern mit Lehr-, Manager- und Forschungsfunktionen umfassen und imstande sind, die neuen Komponenten der Krankenpflegepraxis und -ausbildung weiterzuführen.

Um dieser Empfehlung Gewicht zu verleihen, sind folgende Schritte erforderlich:

— Zusammenstellung einer Gruppe auf Landesbasis, die Entscheidungsträger im Gesundheitswesen sowie maßgebende Personen von Krankenpflegeverbänden und Lehranstalten umfaßt. Von ihr wird erwartet, daß sie bei der Planung, Ingangsetzung, Motivierung und Unterstützung der Forschung und Entwicklung im Bereich der Weiterbildung eine Katalysatorwirkung ausübt

— Sofortige Ergreifung von Maßnahmen zur Erhöhung der Anzahl qualifizierter Lehrschwestern, die zur Weiterbildung beitragen können

— Einführung von Weiterbildungsmaßnahmen für Krankenschwestern, die bereits unterrichten und am Management beteiligt sind, damit sie ihr Fachwissen und -können in der Krankenpflege und Ausbildung dem jeweiligen Entwicklungsstand anpassen können

— Durchführung von Sonderkursen für qualifizierte und akademisch taugliche Krankenschwestern, damit sie die Zulassungskriterien für akademische Weiterbildungskurse erfüllen.

Fortbildung

Es wird empfohlen, daß die Länder Fortbildungsprogramme ausarbeiten und durchführen, damit die Krankenschwestern über das in der Gesundheitsversorgung benötigte Fachkönnen und -wissen verfügen. Diese Kurse sollten für alle Krankenschwestern durchgeführt werden; man sollte auch Sonderkurse für derzeitig tätige Krankenschwestern mit Lehr-, Manager- und Forschungsfunktionen einrichten, damit sie sich die neuen theoretischen und praktischen Gebiete aneignen können, die sie künftig beherrschen sollen.

Forschung

Es gibt nur wenige Länder in der Europäischen Region, die über Krankenpflegeforschungseinrichtungen und -kapazitäten verfügen und es den Krankenschwestern ermöglichen würden, eine Forschung zu betreiben oder sich daran zu beteiligen. In den Ländern, wo es an Krankenpflegeforschern und Forschungseinrichtungen fehlt, sollten die WGO-Kollaborationszentren ausgebaut und Maßnahmen ergriffen werden, um das Forschungspotential der Krankenschwestern aufzubauen.

In allen europäischen Ländern sollten Mechanismen zur Finanzierung der Ausbildung von Krankenpflegeforschern und Krankenpflegeforschungsprojekten ausgearbeitet werden.

In Zusammenarbeit mit der WGO sollten die einzelnen Länder ein Verzeichnis von Beiträgen zur Krankenpflegeforschung anlegen, damit entsprechende Kurzfassungen solcher Untersuchungen in ganz Europa zur Verfügung stehen.

Aufbau eines Verbundnetzes

In einem Zeitalter sich schnell ändernder Gesellschaftsverhältnisse in den Ländern müssen die Lehrpläne in regelmäßigen Abständen überprüft und neu bewertet werden; deshalb benötigt man auf nationaler und internationaler Basis Informationsnetze, die einen Informationsaustausch möglich machen über: Curriculum-Forschung, Forschungsergebnisse, Innovationen der Ausbildung sowie die Ergebnisse (Erfolge oder Fehlschläge) bestimmter Versuche zur Lösung gemeinsamer Probleme.

Um Wandlungsprozesse zu unterstützen, sollten die einzelnen Länder in Zusammenarbeit mit der WGO die Einrichtung derartiger Verbundnetze weiterverfolgen, damit die Forschungsresultate und neue Komponenten der Weiterbildung in der jeweiligen Landessprache verfügbar sind.

Sonderprogramme

Im Zuge einer effektiven Krankenpflegeausbildung müssen neue Wissensbereiche in die Weiterbildung aufgenommen werden. Zwar sind Entscheidungen über Curriculum-Inhalt und Vorgehensweisen Sache der Lehranstalt und Auszubildenden, doch wird empfohlen, die Einführung der nachstehenden Gebiete ernstlich zu erwägen: Epidemiologie, Gesundheitsstatistik und ökonomische Aspekte der Gesundheitsversorgung sowie gesundheits- und sozialpolitische Entwicklung. Im Augenblick können diese Themen der gegenwärtigen Lehrkräfte- und Managergeneration wahrscheinlich nur als Sonderkurse angeboten werden.

РЕЗЮМЕ

Перед Симпозиумом стояли следующие задачи:

- проанализировать действующие программы постдипломного обучения медсестер в свете их соответствия целям развития первичной медико-санитарной помощи;

- рассмотреть принципы в области организации управления школами постдипломного обучения медсестер с учетом задач европейской региональной стратегии ВОЗ по достижению здоровья для всех;

- изучить тенденции развития европейских программ обучения в ближайшие 20 лет (включая вопросы, касающиеся студентов) и последствия этого развития для программ постдипломного обучения медсестер;

- стимулировать национальные органы к тому, чтобы они соответствующим образом учитывали потребности сестринского персонала в обучении, которое должно отвечать задачам эффективной реализации стратегий достижения здоровья для всех к 2000 году.

В работе Симпозиума приняли участие 20 представителей из 18 стран, а также 17 временных советников из 6 стран. Четыре страны были представлены наблюдателями. Участниками совещания были в основном медсестры, однако, на нем присутствовали и специалисты в области медицины, социологии и образования. Кроме того, среди участников находилось 4 студента и один представитель групп потребителей. Своих представителей также направили Международный совет медицинских сестер (МСМС); Международная федерация акушерок (МФА), Федерация медицинских сестер северных стран (ФМССС),

Европейская группа медицинских сестер (ЕГМС), Международный комитет католических медицинских сестер (МККМС) и Европейская группа студенток-медсестер (ЕГСМ).

Исходная информация и краткое изложение итогов дискуссии

Алма-Атинская декларация; принятая странами Европы в 1978 году, поставила серьезные задачи в области обучения и распределения медицинских сестер.

Переориентация деятельности в этом направлении, призванная обеспечить достижение здоровья для всех к 2000 году, происходит в условиях старения населения, социальной неустойчивости, безработицы; политики сокращения возраста выхода на пенсию и повышения мобильности населения.

Экономические и социальные факторы определяют необходимость обеспечить эффективность и действенность мер в области обучения и распределения медсестер для удовлетворения потребностей конкретных групп населения в медицинском обслуживании. Крайне важно разработать рациональную структуру постдипломного обучения медсестер в учреждениях высшего и специализированного образования с тем, чтобы медсестры, которые занимают или будут занимать ключевые посты в здравоохранении; могли расширять свои знания и опыт, необходимые для такой работы. Для этого прежде всего необходимо создать соответствующие условия для получения первоначальных теоретических и практических знаний. Работа постдипломных курсов должна базироваться на таких предпосылках и обеспечивать подготовку медсестер, имеющих широкие общие и специальные знания и навыки. Кроме того, необходимо создавать постдипломные курсы, обеспечивающие подготовку медсестер по более широкому кругу дисциплин, чем того требует клиническая практика. Примерами здесь могут служить программы научных исследований; управления сестринским персоналом и развития систем обучения медсестер. Особое внимание следует уделить развитию связей и контактов между медсестрами, которые необходимы для работы в бригаде специалистов здравоохранения.

Необходимо разработать четкие критерии и стандарты работы курсов постдипломного обучения; ответственность за проведение которых должны нести квалифицированные медсестры. Структура учебной программы, процедуры назначения и

продвижения по службе преподавателей, правила приема студентов, материально-техническая база, ресурсы и службы постдипломного обучения должны отвечать критериям, принятым для других курсов, которыми руководит головное учреждение.

Выводы

Подготовка медицинских сестер, специализирующихся в области преподавания, управления и научных исследований, должна осуществляться учреждениями высшего образования или усовершенствования кадров.

Все медсестры должны постоянно совершенствовать свои знания в сети непрерывного обучения, хотя и следует учитывать, что в странах Европы существуют различия в степени развития таких систем. В каждой стране должны быть разработаны принципы создания логичной структуры курсов основного, постдипломного, продвинутого и специального обучения медсестер, учитывающих национальные условия.

Первоочередное внимание во всех странах Европы необходимо уделять подготовке и обучению медсестер, занимающихся вопросами преподавания, управления и научных исследований, поскольку без таких ключевых кадров невозможно развивать другие необходимые компоненты системы образования.

Рекомендации

Оценка постдипломного обучения

Эффективность оценки результатов постдипломного и вузовского обучения с учетом его значения для охраны здоровья населения может быть обеспечена на основе мониторинга деятельности медсестер, занятых практической работой, преподаванием, управлением и научными исследованиями. Чрезвычайно важно создать механизмы для контроля за работой бывших студентов и повышения их квалификации. Эта задача должна быть вменена в обязанность школ медсестер.

Системы информационно-справочных данных

Не всегда легко получить данные о числе и порядке распределения медсестер. Отрывочной является информация о ресурсах обучения, числе, характере и виде постдипломных

курсов в каждой стране. Даже там, где есть механизмы для сбора таких данных, их эффективность в плане обеспечения руководителей исходной и обратной информацией в целях планирования оставляет желать лучшего.

На местном и региональном уровнях следует создать системы для сбора данных о наличии сестринского персонала и его подготовке.

Разработка критериев и стандартов постдипломного обучения медсестер

Участники Симпозиума положительно оценили критерии оценки деятельности учреждений образования, изложенные в документе[a], представленном на рассмотрение ежегодной конференции Европейской ассоциации по программам изучения служб здравоохранения (Гетеборг, 1983). Странам и ВОЗ следует определить возможность использования этих критериев в Европейском регионе в целом.

Промежуточные меры, учитывающие современное состояние дел

В странах Европы постдипломное обучение медицинских сестер находится на различных стадиях развития. Необходимо принять безотлагательные меры к тому, чтобы создать резерв преподавателей, руководящих и научных работников в области сестринского дела, которые могли бы содействовать дальнейшему развитию обучения и клинической подготовки медсестер. Для претворения этой рекомендации в жизнь необходимо:

- создать национальную группу медсестер, занимающих ответственные посты в здравоохранении, и руководителей ассоциаций школ медсестер, которая могла бы координировать, планировать, стимулировать и развивать научные исследования в области постдипломного обучения;

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[a] Фарелл, М. и Стуосси, Е. Оценка программ обучения сестринского персонала методами управления Копенгаген, Европейское региональное бюро ВОЗ, 1983 (неопубликованный документ

- принять срочные меры по увеличению числа квалифицированных медсестер-преподавателей; участвующих в деятельдеятельности системы постдипломного обучения;

- создать систему непрерывного обучения для медсестер, занимающихся вопросами обучения и управления, в целях совершенствования их знаний и опыта в области сестринского дела и обучения;

- организовать специальные курсы для способных квалифицированных медсестер; с тем чтобы расширить объем знаний, необходимый для поступления в высшее учебное заведение.

Непрерывное обучение

Задача по созданию курсов подготовки медсестер к выполнению необходимых функций в системе здравоохранения требует разработки в странах программ непрерывного обучения всех медсестер, и в первую очередь преподавателей; руководителей, научных работников сестринского дела, которые призваны помочь им в развитии новых областей знаний с учетом предъявляемых к медсестрам требований.

Научные исследования

Лишь немногие страны Региона имеют в своем распоряжении материально-техническую базу; позволяющую медсестрам участвовать в научных исследованиях или руководить ими. Следует укрепить сеть сотрудничающих центров ВОЗ в тех странах, где не хватает научных работников и нет соответствующих возможностей для проведения научных изысканий. Необходимо принять меры по развитию у медицинских сестер навыков к проведению научной работы.

Во всех странах Европы необходимо создать механизмы для финансирования подготовки научных работников в области сестринского дела, а также проектов научных изысканий в этой области.

Страны вместе с ВОЗ должны составить перечень научных разработок в области сестринского дела, материалы о которых могли бы распространяться среди всех стран Европы.

Развитие сетей

В период быстрых общественных изменений, требующих периодического анализа и переоценки учебных программ, особо остро встает вопрос о создании национальных и межнациональных систем информации о развитии учебных программ, результатах научных изысканий, новых методах в преподавании, положительных и негативных результатах отдельных подходов к решению общих проблем.

Странам вместе с ВОЗ следует стремиться к развитию таких систем с тем, чтобы переведенные на национальные языки материалы о результатах научных исследований и разработок по постдипломному обучению могли бы использоваться в каждой стране для внесения соответствующих изменений.

Специальные программы

В программы постдипломного обучения следует включить новые предметы в целях повышения эффективности обучения сестринского персонала. Хотя решения, касающиеся содержания учебных программ и методов, находятся в компетенции преподавателей и студентов, настоятельно рекомендуется включать в программы такие дисциплины, как эпидемиология, статистика здравоохранения, экономика здравоохранения, развитие здравоохранения и социальная политика. На настоящем этапе эти предметы можно было бы включить в программы специальных курсов по подготовке уже работающих преподавателей и руководителей.

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